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July 12, 2018

Sheldon Toubman, Staff Attorney  
New Haven Legal Assistance Association, Inc.  
426 State Street  
New Haven, CT 06510

Dear Mr. Toubman:

I received your letter of June 28, 2018, regarding call wait times at the DSS Benefits Center. I understand your concerns with long call wait times and I want you to know that we are working on reducing wait times. We are working diligently to improve our capacity to handle calls and process documents more quickly. We are focused both on handling more calls and processing more documents more quickly, because we know that callers are often following up on recently submitted documents.

While I will outline some of the steps that we are taking to improve operational capacity, it is also critical that the public understand the many successful efforts that the Department has made to expand access, upgrade technology, and increase efficiency. These advances have required massive investments in time and effort by DSS employees, and while some of the results may take longer to materialize than others, I am confident that our modernization efforts will continue to improve the client experience. An understanding of how much has been accomplished over the past five years – as well as an accurate accounting of current DSS processes and access options – is essential to explain this confidence.

As you correctly noted, one of the Department's first major steps in its modernization efforts was the implementation of the ConneCT project beginning about five years ago. The ConneCT project consisted of eight major components, including several that you reference – a centralized statewide call center and an electronic document workflow that allows workers statewide to view electronically scanned paperwork regardless of the client's physical location. Prior to the introduction of the centralized statewide call center, the Department had thirteen separate phone systems – one in each field office – that relied on individual workers to answer their phones and often had voicemail boxes past their capacity. Although this is characterized as a "loss" in your letter, clients and advocates routinely expressed frustration with having only a single worker to contact. Another major complaint was that DSS lost paper documents. ConneCT resolved both of those issues.

ConneCT also introduced the Integrated Voice Response system (or "IVR"), which allows clients to access eligibility information over the phone without the need to talk to a worker. Over 100,000 calls each month – approximately two out of every three calls to the Benefit Center – are resolved through the IVR. Clients can now find out information about their benefits and submitted documents without the need to talk to a worker. This access point and the calls resolved are not mentioned in your letter, nor are they included in the cited abandonment rate. ConneCT also introduced the "Am I Eligible?" online pre-screening tool, the MyAccount online access feature, and the online application function. Since the introduction of these new access points, the Department has seen over 262,000 MyAccounts created and over 263,000 online applications filed. The Department has since expanded ConneCT to include online

options to renew benefits, report changes, and complete SNAP periodic report forms, all of which have increased client access and Departmental efficiency.

In January 2014, the Department and its partner Access Health CT (AHCT) launched another major technology initiative – the health insurance marketplace, with a new Medicaid eligibility rules engine, and another online and telephone access point for Medicaid applicants and recipients. The resounding success of this effort, including some of the fastest application processing times in the nation, also temporarily slowed down processing when it was first introduced. Workers operated in multiple systems, volumes spiked during open enrollment, and there were the standard new system defects and changes that required fixing.

With the introduction of the new way to process work, as well as the new technology itself, call wait times were initially high in late 2013 and early 2014. Over time, as workers acclimated to the new processes, system upgrades were implemented, and documents were processed more quickly, call volumes and call wait times dropped significantly. It is important to note though, as depicted in the graph attached to your letter: this achievement took time. It took two years to reinvent the way that work was done, but when the processes were fully in place and stabilized, operational capacity increased and wait times dropped correspondingly.

After years of design, planning and testing, in 2016 the Department undertook an even larger modernization effort with the roll-out of the new ImpaCT eligibility system. Beginning with the Middletown pilot office in October 2016 and extending to today, the Department has steadily converted its client population into the new system. Over 99% of client records are now in the ImpaCT system – more than 950,000 individuals – and correspondingly almost all of the Department's eligibility work is now done in ImpaCT.

During this transition period, DSS eligibility workers had to learn an entirely new system, while simultaneously accessing EMS and AHCT to process various case actions. A single phone call received during the past year and a half could require workers to move through three systems in order to resolve a client issue. Workers have grown increasingly comfortable in the new system and need to use EMS with less frequency as conversion nears completion, system defects have been fixed and changes implemented at a rapid pace, and we are seeing productivity rise as a result. While technology advancement is not itself a panacea and can result in temporary challenges, it is short-sighted and inaccurate to vilify it as the problem ("deficiencies in the department's systems"; "chronic crisis mode"). The Department's work has been done with the foremost goal of improving the client experience, and we will continue to drive for that result with the knowledge that we have done it before and will do it again. Call center wait times are not an exception and we are working hard to reduce the need to call.

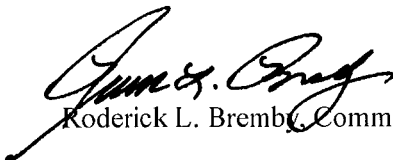
While it is important to give context to how we arrived at our current state, and to emphasize that we are not satisfied with the current wait times, I must also address some of the mischaracterizations made in your letter. You repeatedly describe the Benefits Center as the sole access point for various classes of people, including: individuals with a disability seeking an accommodation, elderly and disabled applicants for medical assistance, and mandatory interviewees. This is incorrect. All DSS clients can come into any of the 12 DSS field offices in person. Applications are accepted by mail, in person, and online – in fact, we do not take applications over the phone through the Benefits Center. Our application and renewal forms, both paper and electronic, offer individuals the option to request a reasonable accommodation, and a request can also be made in person. TFA interviews must be conducted in person. Upon receipt of a SNAP application or renewal form, the Department proactively calls those who need an interview and there is always the option for an in-person interview. Only when the Department is unable to reach the SNAP applicant or recipient are interviewees asked to contact the Benefits Center.

With regards to your assertion that waiting to talk to an eligibility worker violates Medicaid application processing promptness requirements in 42 USC 1396a(a)(8) and 42 CFR 435.930(a), besides the fact that the Benefit Center does not accept telephone applications for medical assistance, it should be noted that Medicaid application processing promptness standards are measured in days (45 or 90 days) and not minutes. The Department has performed admirably in meeting those standards, processing over 94% of all Medicaid applications timely over the past two and a half years, and over 96.7% timely during the past six months. Indeed, despite the 45 to 90 day standards, the median processing time for Medicaid applications in Connecticut is the same day.

With regards to your description of “widespread reports” that the Department has “wrongfully terminated eligible families and individuals at redetermination . . . [despite their doing] everything right” in violation of 42 C.F.R. 435.930(b), this is simply not our experience. Medicaid recipients who submit their renewal by the date required in the notice and who follow the required steps using the cover sheet provided – or those who renew online in accordance with due dates – are automatically renewed pending the Department’s eligibility review. This has been the agency’s policy and process for years, and we welcome you to share your widespread reports – or better still, specific cases – for our review to ensure that the process continues to work as designed.

Notwithstanding these inaccurate descriptions of the Department’s access options and processes, the Department also understands that long wait times are deeply frustrating to those who need to contact a worker and prefer to use the telephone. In addition to working hard to accelerate document processing and thereby reduce calls, the Department is increasing staffing in the Benefits Center to help reduce call wait times, among other steps. We invite representatives of the letter to meet with us the week of July 23<sup>rd</sup> to discuss our approach to resolving these issues.

Sincerely,



Roderick L. Bremby, Commissioner